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REMOVAL OF DROPSICAL OVARIA, ENTIRE, BY THE LARGE ABDOMINAL SECTION.

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THIRD CASE.—On the 27th of June, 1843, a young lady from the country, accompanied by her mother, called on me, bringing a note from Dr. John Elliotson, whom she had that morning consulted respecting an abdominal enlargement, which had for some time past been a source of anxiety to herself and her friends. Dr. Elliotson having ascertained the presence of dropsical disease of one of the ovaries, and the result of his extensive experience being a conviction of the inefficacy of medicine in the treatment of that malady, had “at once told her not to be tapped, nor to take medicine likely to weaken or even annoy her,” and advised her to put herself under my care, if I were willing to operate upon her. Being well acquainted with my “success in operating on the ovarium,” he seems to have “regarded it as a duty” to advise her to become my patient, provided neither she nor I objected to the operation. Having perused the note, not without some admiration of the manly frankness by which it was characterized, I proceeded to investigate the case of Miss A. K., who had not quite completed her twentieth year.

More than four years ago it had been observed that she was larger in her person than was natural; so much so, that the mistress of the school at which she was then a pupil had written to her mother, intimating that something was wrong in her state which gave her a very matronly appearance. She herself is of opinion that at a much earlier date she had been unnaturally large, and believes that her complaint originated in an attack of inflammation, for which leeches had to be applied to the abdomen, when about 11 years of age.

Having left school at Midsummer, 1839, she became a governess in a private family; but towards the end of the year her size excited so much observation, and caused so many unpleasant remarks on the part of persons who did not know it to be the effect of disease, that she was obliged to return home. A professional opinion was in consequence taken, and she was pronounced to have ovarian dropsy.

From the time at which the nature of her case became known, she underwent various courses of medical treatment prescribed by experienced

practitioners. Mercurial alteratives, repeated emetics, an ointment rubbed upon the skin of the abdomen till it produced an appearance like erysipelas, and a variety of other remedies, were duly tried, but her size continued to increase gradually, no benefit whatever being derived from any of the means employed. For six months before she applied to Dr. Elliotson, with the exception of a short trial of garlick in gin, and broom tea, which some friends recommended, and which were of no service, all medicines had been discontinued.

She began to menstruate in her 14th year, was quite regular in that respect from the first, and always continued so, never experiencing any material suffering or inconvenience on those occasions. At about 15 she went through a fever, but was never again affected by abdominal inflammation from the time of the illness which occurred when she was not more than 11 years old.

On examination I found the abdomen as prominent as at the full period of pregnancy, with greater fulness towards the loins. The tumefaction was circumscribed, very regular, and distinctly fluctuating; the health in all respects good; not the slightest sign of general dropsy present, and the uterus perfectly natural. I could find no circumstance to create a suspicion of the existence of adhesions; and she had never been tapped. Though of a tall, rather slim general figure, and thin in person, she measured forty inches in circumference.

Having informed Dr. Elliotson that I considered the case suitable for operation, but that, before arranging for its performance, if the patient and her friends agreed to have it done, I should wish Dr. Blundell's opinion should be taken, and this proposition receiving his approval, the result of our conference was declared. The young lady herself was very prompt in decision, being determined to submit to any operation rather than continue the subject of such annoyances as her disease occasioned. Her friends were more deliberate, and received much contradictory advice. In August the matter was so far settled that Dr. Blundell was consulted, and his opinion, after careful investigation, found to be favorable. By this time also I perceived that, from whatever cause, she was sensibly losing flesh, whilst her complaint was as evidently gaining ground. Three quarters of an inch additional abdominal circumference, with a thinner state of her general person, were plain intimations of the advance of mischief; and already her size was such as indicated a diseased ovary of much greater magnitude than had been met with in either of my previous operations. I therefore drew attention to these circumstances, and suggested that further delay would add to the hazard of the operation.

On the 29th of August she took up her abode in excellent quarters, with a prospect of the best nursing, and the most kindly discreet management of everything relating to the coming occasion. Her menstruation had continued to be quite regular up to this time, and her last period had concluded on Friday the 18th.

It was my purpose to operate on Friday the 1st of September. In the meantime she was subjected to similar preparations as my two former patients, viz., abstinence from meat, and wine or other stimulating beverage.

She also took aperient medicine of a mild description several times; but being young, and, as I conceived, on that account more likely to be the subject of inflammatory attack after the operation, I thought it prudent to take eight ounces of blood from her arm on the day previous to the one fixed for its performance. She bore the bleeding well, not being at all faint. Once, indeed, some hours after, she felt a slight giddiness. Two nights in succession she had taken, as her bowels were not very freely moved by the first dose, the following pills:—R. Ext. colocynth. c. grs. viij.; hyoscyam., grs. v.; pulv. antim., grs. ij. M. et div. in pil. iij. h. s. sumend.

To-day, August 31, they had operated thrice copiously.

They were directed again, omitting the antimony. Her buoyant animation and activity were scarcely repressible by these means, by the injunctions of quiet or the expectation of the operation.

September 1st.—It was intended that the operation should be performed to-day, and the skin of the abdomen was marked last evening for the purpose. At 1, P. M., I saw her, and she was quite prepared in mind, and apparently in an excellent state of bodily health for the occasion; moderately lowered in tone, but with a calm, soft pulse of about 80. The action of the pills had been attended by a little griping; and, soon after I left the house, she remarked to the nurse that she felt as if she were about to be unwell. Between this and three o'clock the catamenia appeared, and I consequently postponed the operation, but was not aware of the circumstance soon enough to prevent my friends arriving one after another to their appointment at 4.

Having gone through her customary period of from three to four days, she was again well on the 5th of September, but the operation was not fixed for an earlier day than the 12th, that the tendency to relapse in this matter might be completely at an end. Her diet was very moderate during the whole of this time in respect to animal food, and for the last five or six days this was strictly forbidden. The following draught was taken on the morning of the 10th:—R. Pulv. rhei, ʒj.; potass. tart., mannæ, aa. ʒj.; spt. ammon. ar., m.xv.; tr. hyoscyam., m.xx.; tr. sennæ, ʒj.; aq. piment., ʒxj. M. Ft. haust.

It operated well. On the evening of the 11th I found her in all respects in a desirable state for the operation. Menstruation had ceased about a week, and no threatening of a return had been felt. R. Ext. colocynth. c. grs. viij.; hyoscyam., grs. v. M. et div. in pil. iij., h. s. s. These did their duty effectually next morning.

12th.—I visited my patient about mid-day, and though hardly required, a little refreshed the marks upon the abdominal skin. The weather was hot, but the chill of instinctive apprehension had given her a cold hand and a pale cheek, not to be removed by the most determined spirit. The thoughtfulness of genuine courage was at work. At 2 o'clock she took a good basin of beef-tea. At 3, a copious enema of warm water ensured the clearance of the bowels. Drs. Blundell and Henry Davies, Messrs. Vincent, Beale, Burrows, Camplin, Hitchman and Law, having assembled, and all necessary preparations being complete, at about a

quarter before 5 o'clock Miss K. seated herself firmly at the end of a couch. It was observed immediately, though silently, by those who had witnessed them, that the abdominal tumefaction much exceeded that which existed in either case of my former operations. The pillows and bandage being adjusted as on those occasions, Mr. Beale took his post on the right, Mr. Law on the left of the patient; the former to manage the integuments, the latter the tumor. I sat obliquely facing the end of the couch, on her right.

Having no purpose of deviating in this case from my former plan of operating, though under no pledge to its invariable adoption, I proceeded to make the preliminary or exploratory small opening of an inch and a half in the linea alba, and below the umbilicus. Meeting with no unusual circumstance, unless the jet of a small artery be thought such, it was soon completed, and the abdominal cavity entered. The state of the cyst, as far as the finger can ascertain it, was made out. A momentary pause was asked by my patient to draw breath. The wish was opportune, as the granting it gave time for the bleeding artery to contract. Having mentally measured, by the bulge of the abdominal skin caused by the tumor, of what size the incision need be, I now divided the integuments from above downwards in the median line of the abdomen, slightly deviating to the left of the umbilicus, and having reached the preliminary section at its upper end, I then prolonged their division downwards from its lower end to the requisite extent. Of the nineteen inches and a fraction, the distance from the point of the ensiform cartilage to the pubes, fourteen were occupied by this extended incision. When completed, I promptly took my curved probe-pointed bistoury, and by the guidance of two fingers of my left hand, divided the peritoneum from within to a like extent. An enormous cyst gradually advanced through the wound. Mr. Beale carefully and effectually covered the viscera by closing the integuments behind it. Mr. Law sustained the weighty mass of disease. The broad uterine ligament of the left side constituted its pedicle, through which, under the protection of my own fingers, I thrust, from behind it, a needle armed with strong silk twist. The two halves of the pedicle were separately and tightly tied, and then it was divided between the ligatures and the tumor; the latter, weighing twenty-eight pounds, being immediately removed without impediment from adhesion. No bleeding followed the division of the pedicle, which I tied with great force, having complete confidence in the strength of my ligatures, and believing that the period of their dislodgment depends much on the degree of constriction given to the substance of the pedicle in tying them. Having carefully but gently removed the blood collected at the lower part of the abdomen, and near the edges of the wound which had alone furnished it, I applied thirteen interrupted sutures; placed long pads of lint on each side, but a little way from the line of the wound, and over these applied strips of plaster, extending from one side of the body to the other, securing the whole by the bandage. Dr. Blundell had previously examined the other ovary and found it healthy. Nothing could exceed the firmness of my patient's resolution. She had uttered no exclamation. Be-

ing now, however, somewhat faintish, she sipped a little brandy and water. After being placed in bed, slight vomiting occurred, and a very little brandy by itself was taken. An anodyne of gr. $\frac{1}{4}$ morph. acetat. in $\mathfrak{z}$ jss. mist. camph. was given at about 6 o'clock, to be repeated in half an hour. I left her after the first had been taken, with a pulse of 88.

10, P. M.—Had not slept; retched at 9, and brought up a little of the secretion of the stomach, slightly tinged with bile; complained of tightness at the lower part of the abdomen, as if the bandage were too tight, which I found was not so, nor was the plaister. Felt some tenderness on both sides of, and quite across, the lower part of the abdomen, but chiefly of the left side; and had pain in the back, and down the limb of that side. Urine drawn off, $\mathfrak{z}$ ix.; pulse 105 to 108; no shivering nor chilliness; skin rather hot, but moist; temperature of the room 72 deg. F. Tongue clean; no headache, nor confusion of mind; no bleeding from the wound; has drunk nothing but her medicine, and is not thirsty. R. Ext. hyoscyam. gr. v.; morphiae acetat. gr. ss. M. Ft. pil. statim. sumend. A pint of water may be taken in the night, a little at a time.

13th, 8, A. M.—The vomiting recurred at 11 last night, and again twice between 5 and 6 this morning. Between 12 and 1 o'clock she fell asleep, and slept two hours, after which she dozed frequently. Urine was twice passed spontaneously, together to the amount of $\mathfrak{z}$ v.; I drew off $\mathfrak{z}$ xj. Though feeling better than she did last night, she says that her head aches a little, chiefly over the eyes, with a sense of "tired heaviness," but has no pain at the back of the head. Pulse 110, and rather full at the commencement of my visit, 102 at its conclusion; both carefully noted. Skin moist all night, but hot. Has taken nothing, not even the water, except one sip with the pill, and yet is not thirsty. Countenance animated, and with the color of healthy warmth. Breathes freely without its hurting her. The sense of tightness at the lower part of the abdomen is less; but she feels it now all over, and she is sensitive over the cartilages of the ribs on the right side, but does not feel "the cut" much. Her back aches from the shoulder-bones all down the sides and legs, more particularly the left. Mind clear; no chills; no flatus; tongue a little furred at the back, and less moist than natural. Advised to take the water.

1 to 2, P. M.—Has slept nearly ever since my former visit, and the vomiting has not recurred. Urine drawn off, $\mathfrak{z}$ ix. I had cautioned her against any effort to pass it, lest the wound should be disturbed. Skin warm, and freely perspiring; tongue whitish; headache less, and feels better; pulse 98, full and soft. Temperature of the room 74 deg.

10, P. M.—Had dozed occasionally, and once slept an hour since my last visit. Pulse 112; tongue clean and moist. So little thirst that she has taken only about a pint of water since the operation, now thirty-one hours. Urine has been passed in considerable quantity; $\mathfrak{z}$ ij. only drawn off; natural in color and other characters. A little flatus has been passed. Headache slight, but subsiding; mind clear; skin warm and moist. No shivering, nor chilliness, nor sickness; and the vomiting has not recurred since 6 in the morning. Complains of some pain "in the

lower part of the stomach (meaning, of course, abdomen), in the left hip, and back, and right ankle." Breathes freely, without fear of creating uneasiness. Felt as if she could eat some beef, when the nurse was taking her dinner. Rep. pil. ex hyosc. ext. et morph. acet.

14th, 8, A. M.—Has had an excellent night, with several hours of sound sleep, having been quite easy during the rest of the time. "At this moment I am free from pain altogether," is her answer to my inquiry how she feels. No vomiting, nor sickness, nor headache, nor confusion of mind, nor shivering, nor chilliness. No hiccup nor cough since the operation. Skin warm, and has perspired freely all night. Rather more thirst, but has taken only three quarters of a pint of water, and seems to wish for nothing in preference to drink. I inquired particularly on this point, as it was suggested to me that some fancy respecting water being likely to cause her complaint to re-appear was existing in her mind; and I felt that to take rather more of it would cool and refresh her under the present slightly feverish state of her system. She has since assured me that she had no such idea, but really did not want more than she took. Tongue clean, except a little brownish tinge at the back, a common effect of opiates. Limbs and all other parts of the body now easy, "except just the bottom of the stomach since the use of the instrument" (the catheter), and of the limbs when moved. Urine passed and collected, $\frac{3}{4}$ ij.; withdrawn $\frac{3}{4}$ ij. only; but, as she drinks so little, and perspires so much, this is not surprising; it is higher colored, in part, no doubt, from the same causes. Pulse 116, soft, temperature 74 deg.—to be lowered gradually to 72 deg., and then to 70 deg.

I adjusted the dressings a little, but did not examine the wound. I ascertained, however, by very gentle examination, that the abdomen was quite free from general tenderness, as it was from distension, or even fulness in any degree.

Half past 1, P. M.—Much as in the morning. Pulse a little quicker; but my friend, Mr. Law, having visited her with me, and the patient being much pleased at seeing him, perhaps accounts for it. Has taken soda water occasionally, not quite in full action, and in very small quantities—a wine-glassful at a time. It refreshes her very pleasantly. Up to this time nothing but this and plain water have been taken. To have a little arrow-root made with milk.

10, P. M.—Took her arrow-root, a tea-cupful, but not till forty-eight hours, at least, after the operation: enjoyed it. Is cheerful in countenance and manner. Has been a little uneasy with flatus, but is less so now, and thinks the soda water may have been the cause. Has dozed. Pulse 115, soft; tongue clean and moist; skin warm and perspiring; $\frac{3}{4}$ vj. urine passed; $\frac{3}{4}$ iss. only drawn off, to assure myself that it was duly voided. The power of discharging it is now complete, and the slight effort required is attended by no inconvenience. I had, however, discouraged the act to this time. No sickness, vomiting nor hiccup; no shivering nor chilliness; no pain except a little "at the bottom of the stomach," and some uneasiness in the legs, resembling rheumatism, she thinks, but very trifling. Slight headache, but no confusion of mind. No sense of

inclination to relieve the bowels has occurred, nor flatus passed. Has no wish for more arrow-root, or anything else. Dislikes pills, and would prefer a draught. Temperature 73 deg. Pulse 111 at the conclusion of my visit. R. Tr. hyoscyam., $\frac{3}{4}$ ss.; morph. acetat., gr. ss.; acet. dist., gutt. v.; aq. menth. pip., $\frac{3}{4}$ j. M. Ft. haust. h. s. s.

15th, 9, A. M.—Passed a quiet night, being quite easy, but slept little till between 7 and 8 this morning. Skin warm and perspiring; pulse 114; tongue moist, and very little furred at the back part. Flatus troubled her at one time, but does so no longer; some was got rid of. A sense of itching of the skin also teased her, but that has ceased. No sickness, hiccup nor cough. Urine passed $\frac{3}{4}$ vj. of higher color. No distension of the abdomen; bears moderate pressure, even in the left iliac region. Limbs easier; back only feeling sore at its lowest part from lying constantly on it. More thirsty, and has taken a pint of water in the night; had previously not taken more than three pints of liquid altogether since the operation. To have arrow-root. Temperature 72 deg. Moistened the lint which adhered to the neighborhood of the wound preparatory to dressing it at

2, P. M.—When I did so, and took out all the stitches. Adhesion throughout, even to the very spot where the ligatures lie, and only barely leaving open the space they occupy. No pus anywhere. I laid a narrow strip of lint with spermaceti salve along the line of wound; then placed a long pad of lint on each side, over which strips of mild adhesive plaster across the abdomen, and the renewed bandage gave the requisite support to the abdomen. Urine passed $\frac{3}{4}$ vj. To have a glass of calf's-foot jelly.

16th, 8, A. M.—Passed an excellent night, and is free from all uneasiness. Was hungry in the night, and wishes for an egg and coffee for breakfast. To have them, with a little dry toast.

2, P. M.—The catamenia appeared this morning. Has been taken out of bed, and lies comfortably on a couch. Had a jelly since her breakfast, and no ill effect has arisen from either. Perspires gently; weather remarkably hot.

17th, 2, P. M.—Wound dressed again. It is only a superficial line. In depth it is perfectly united, and the peritoneum has been shut from the first moment the wound was closed. No pus at any part of it, not even by the ligatures. Pulse 100. Has just taken some mutton broth with a little toast. Skin warm and perspiring. Temperature 72 deg., and it was nearly or quite that in the shade out of doors this morning, where it is now hotter than in the house.

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29th.—Walked across the room, leaning on the nurse's arm, and next day did so several times without support. From this time she has become more and more active and independent of assistance, getting out and into bed, and sitting up great part of the day. Remarkably little discharge has proceeded from the ligatures, and they have been left to themselves very much, except being carefully guarded from accident. She usually takes an aperient pill at night, but not always. It would be use-

less to carry the report further; and it may perhaps seem to some readers that the details are given more fully than necessary. To the really practical inquirer, I trust, they will not prove wearisome; as they are designed to assist in illustrating a subject with which very few are at all acquainted by actual observation. Having, however, with this view prolonged the narrative so much, it is not my present design to offer many remarks.

The tumor itself requires but little description. A single principal cyst; a moderate portion of solid matter in a highly vascular condition; the Fallopian tube stretching away to its fimbriated end, at a distance of some fifteen inches from the division of the pedicle; and the subjoined dimensions, are all the particulars that need be noted:—When lying, its circumference measured horizontally 3 feet $8\frac{1}{2}$ inches; vertically lengthwise, 3 feet 2 inches; and vertically across, 2 feet $10\frac{1}{2}$ inches. It weighed 28 pounds imperial weight.

Of the three cases of ovarian operation, which I have now placed before the profession, this one is perhaps the most interesting. It plainly demonstrates that, under proper precautions, the youthfulness of the patient need not deter the surgeon from attempting her cure; whilst the value of the relief afforded by the operation at such a period of life can hardly be over-estimated, when we consider the distressing annoyances to which the malady subjects a young unmarried woman in any station of life, more particularly one holding the position occupied by my patient.

Her recovery was in all respects more rapidly completed than that of either of my former patients.

With regard to the propriety of performing a formidable operation like this for such a disease, it may be briefly remarked that no means on which any reliance can be placed, except an operation, are, as far as I can learn, known to the most experienced *practical* physicians of the present day, any more than to those of past ages: none, at least, which unequivocally cure or mitigate the disease when arrived at such a stage as to require an operation. A mistaken idea prevails in some minds that the disease does not tend to shorten life, as well as to destroy its comfort. I shall hereafter show that this opinion is totally at variance with facts. Like many other erroneous opinions, it is repeated on authority by men whose position might easily enable them to ascertain that it is devoid of truth. Compilers are apt to follow such men. How should they do otherwise? They themselves, with few exceptions, are little engaged in the observation of disease, and cannot be expected to form opinions, except upon the report of others. The rising generation of practitioners derive their instructions principally from men of these two classes, who thus propagate error from age to age, mixed up, indeed, with so much useful information as gives additional influence to the mischief.

Equally faulty in fact and in tendency is the suggestion that the operation itself is necessarily one of easy performance, requiring little anatomical knowledge, or skilful surgical adroitness. It may, indeed, be truly said of *any* operation, that the amount of mere anatomical knowledge required for the mechanical part of the surgeon's act is not greater

than a diligent student might acquire in a few months ; and certainly not more truly of this operation, in which the separation of adhesions to the abdominal parietes and to the viscera themselves may be necessary : but it is the possession of correct physiological, pathological and therapeutic knowledge that enables a practitioner to cope with the real difficulties of operative surgery, those which endanger his patient's life, or after-health and comfort. If to perform an operation so rapidly as to excite the astonishment of a large class of staring students, and for the sake of this worthless display to cause the greater mutilation of the patient, as in amputations, in order to avoid its consequences ; if to disregard the preparation of the patient, so that dangerous symptoms must almost inevitably ensue ; or so to mismanage the after-treatment that the patient's life is lost, when he might be otherwise cured ; if to undertake without hesitation the performance of an important and hazardous operation in ignorance of those precautions which other men have shown to be both necessary and effectual for the patient's preservation ; if, in short, the dexterity of the mere anatomist be thus mistaken for perfection in the art of surgery ; then, indeed, is it high time that such erroneous notions should be corrected, and that the profession should see the advantage of a different combination of qualifications for its *useful* exercise.

That the removal of dropsical ovaria by the large abdominal incision will become a legitimate operation in the hands of qualified surgeons, there can, I think, remain but little doubt on the minds of practical men who have looked into the subject. I know that many such already consider the operation as established by the cases of Dr. Clay and myself. My own experience confirms me in my opinion of its humanity, usefulness and practicability, when properly conducted in well-selected cases ; and that, so conducted, it will be the means of averting much suffering, and saving many valuable lives, I entertain not the slightest doubt. As a comparative novelty, however, it has to contend with unjust prejudice on the one hand ; with ignorant rashness on the other. The former will gradually give way to conviction, or be reduced to silence ; but the latter, in its reckless eagerness for distinction may do much mischief by its unjustifiable proceedings, and so bring into undeserved obloquy what will otherwise be deemed a valuable improvement in surgery.—*London Medical Gazette.*

ALLAHABAD JAIL, IN INDIA—SURGEON'S REPORT.

[We select a few items from the last annual report of Alex. Beattie, Esq., Civil Surgeon of Allahabad, published in a late No. of the India Medical Journal.]

I have always considered it necessary for the preservation of health, that each convict should have not less than 3 feet by 8 for his accommodation when shut up at night, besides which a centre path-way is proper, and indeed necessary, to admit access to the urine tubs. The breadth of the Allahabad Jail rooms affords a larger path-way than is necessary,

but their length admits only 18 men at a side, or 36 men in each room, giving each 3 feet in breadth; yet, say that 40 men may with safety be confined in each room, at that rate 480 convicts can be accommodated in the Fourdaree Jail; at the same rate the Dewanee Jail will contain 230 men, making a total, exclusive of the female ward and hospital, of 710 prisoners. By a circular order of the Nizamut Adawlut, N. W. P., No. 1,166, it is directed that 890 male prisoners may be confined in the Allahabad Jail.

Twelve years' experience at this place has proved to me, that, whenever a greater number of prisoners than my estimate allowed, has been confined in this Jail, the men have suffered from being crowded, and breathing a polluted air, particularly during the hot and rainy seasons.

The rations are at present sufficiently abundant, and the articles of diet good and nutritious. On the 18th of August, 1841, an unhealthy month, and when the prisoners were sickly, the directions contained in the following circular order came into operation:—"The daily ration is reduced from one seer of 80 sicca weight, to 12 chittaks (60 sicca weight), i. e., each convict will receive 10 chittaks of wheat flour, and 2 chittaks of dhal daily, the latter to be replaced by an equivalent portion of vegetables or rice, every second or third day, at the discretion of the Magistrate; in addition to this, a small quantity of salt, from a quarter to half a chittak, to be served out to each prisoner daily. As an indulgence, and to be so explained, 2 chittaks of ghee, a half chittak of red or black pepper, and half a chittak of tobacco, will likewise be distributed to each weekly. The daily allowance of wood is limited to one seer."

The quantity of food hereby sanctioned afforded one scanty meal in the twenty-four hours, and the consequences of the reduction and long fasting, were emaciation, debility, and increase of sickness in the form of dysentery and scorbutic complaints. I lost no opportunity in bringing before the authorities my opinion, that the reduced rations were insufficient for the maintenance of health among men exposed, while at labor, to the rays of the sun, and vicissitudes of the weather at all times; and in May, 1842, the diet was increased to the former standard to the laboring prisoners, and with the best effect.

Laboring prisoners receive one seer of 80 sicca weight each daily, viz.: 14 chittaks of otta, 2 of dhal, $\frac{1}{2}$ of salt, $1\frac{1}{2}$ seer of firewood, daily; 2 chittaks of ghee, $\frac{1}{2}$ of tobacco, $\frac{1}{2}$ of chillies, weekly.

The ghee is served out on four different occasions during the week. Two chittaks of rice and as much of vegetables are given twice a week, an equivalent deduction being made on this account, from the 14 chittaks of otta above specified. On my recommendation a part of the rations, about one third, is cooked and partaken in the morning, the remainder when the work of the day is finished.

For women and prisoners without labor, 10 chittaks of otta, and 2 chittaks of dhal, and 1 seer of fire-wood, are allowed daily; in every other respect the same as to laboring prisoners. None of the prisoners in this Zillah receive money rations. The clothing allowed is ample, a new piece of cloth for the waist and lower limbs (a dhoty), and a piece

for the head (augutchā) are distributed every six months, and at the commencement of the cold weather three blankets are given to each man; one of the blankets is made up into a cap and coat which extends to the knees, and with long sleeves, is fastened on one side of the chest with tape. In cold windy weather the men are thus always well covered, and have their arms free for any labor, which is not the case when they have loose blankets; every prisoner at the same time receives a straw mat to sleep on, which, with one of the blankets, is kept in jail, and in wet weather they are dry and prevent the necessity of the men sleeping in wet clothing, which is always a source of mischief.

The employment of the prisoners has not to my knowledge been too severe in any instance, during the year. Whenever the men are engaged during the hot season, where the exposure to the sun's rays is so great as to prove prejudicial, an intimation to that effect from me to the Magistrate has always been attended to. Prisoners sentenced to labor, work on the roads. The men imprisoned for life, and the female prisoners, are occupied in grinding wheat. All the flour used in the Jail is prepared by them; each individual grinds nine seers of wheat daily.

The internal economy is good, and as follows:—The prisoners sentenced to labor are counted off at day-break, and sent out of jail in gangs to their several working places, five men in charge of each burkundaz; a portion of the daily food and firewood is taken with them, and a light meal is given to each man about 9 or 10 o'clock. This arrangement I suggested when the rations were increased to the present quantity; almost all the convicts are classed into messes; 1 man for every 16 is detained in jail as a cook. In the morning the cooks are employed cleaning the rooms, court, yards and drains, after which they go for the articles of diet, and prepare them; so that when the prisoners return from work about 4 o'clock, P. M., their food is ready for equal distribution. An hour's rest at noon is allowed, and it is the business of the guards to see that every man bathe at that time. Every Saturday morning the floors of the rooms are washed and well dried. All the privies, urine tubs and sewers are washed daily. The prisoners without labor are exercised in walking an hour and a half morning and evening, in the open areas. Sunday is a day of rest for all. Once a week, at least, the whole of the prisoners and their food are inspected by myself.

During February, March and April, the sickness among the prisoners in Jail was very great. Fever of a continued inflammatory type prevailed as an epidemic, and I had reason to believe it contagious, from the circumstance of two native doctors, and several of the attendants on the sick, being attacked with it. Both the native doctors died with the disease, and left me almost entirely unprovided with assistance for the sick.

The symptoms in all the cases were nearly the same and equally violent, whether the subject was young or old, of a full or spare habit. The fever was rarely issued in by a rigor; cold creeping sensation on the surface, or short, hot and chilly fits alternative with languor and prostration of strength, were speedily followed by an exceedingly hot, dry skin, rapid pulse, generally 120 in a minute, and great thirst; the lips be-

came dry and cracked, the tongue very dry, furred, brown and stiff, in some cases it was black, and so hard and dry that it could not be protruded; the bowels generally constipated, the urine very scanty and high colored; in some cases only headache was complained of, but in all, the eyes were bloodshot and very much tinged with yellow. There was very great tenderness of the scrobic. cordis, and pressure on the upper abdominal regions could not be borne. If the fever was not speedily subdued by active antiphlogistic treatment, inflammation of the liver, stomach, spleen, and indeed of all the abdominal viscera ensued, and the irritation of such local disease prevented any remission of fever taking place. The following is a summary of the treatment employed, as the stage of excitement was fully developed in all, before they were admitted into the Hospital; venesection was at once had recourse to, when not contra-indicated by great age or debility of the patient; this was followed by affusion, which always gave much relief; the patient's head was then shaved, and an antimonial emetic administered. If the emetic did not empty the bowels as well as the stomach, a purgative enema was given, and a large dose of calomel with compound powder of jalap, or with castor oil; when these measures had taken effect, saline diaphoretic draughts, combined with tincture of digitalis, were given alternately with calomel, blue pill and antimonial powder, every second hour. Cold lotion was kept on the head, and the body repeatedly sponged with vinegar and water. In a majority of cases this treatment procured a remission of the symptoms in 18 or 20 hours; but a recurrence of fever frequently happened in the afternoon or early part of the night, requiring a repetition of the cold affusion, venesection, and the application of leeches to the epigastric and hypochondriac regions and to the head. Purgatives were repeated, and mercurial medicines continued till the mouth became tender, or till convalescence was established. Enemata were used frequently in every case. I have seldom witnessed cases of greater severity, or which more obstinately resisted the means resorted to for the removal of gastro-hepatic inflammation and congestion, than those of the epidemic alluded to. Anodynes by the mouth and the anus were very useful in obtaining sleep in the advanced period, when the patient continued wakeful or fell into a low delirium. The convalescents attended by native doctors were sent to Papambow, distant three miles from the jail, for the benefit of change of air; but many of those whose constitutions were broken down by age, or previous disease, suffered a relapse attended with dysenteric symptoms, and these were the cases which chiefly proved fatal.

The cases of cholera which occurred in April, May and June, were of a severe kind. Of 15 cases admitted in these months, 9 proved speedily fatal. There was not much vomiting or purging, the thirst for cold drink was insatiable, the voice husky and feeble, skin quite cold, pulse not to be felt two hours after the seizure. The omentum, mesentery and peritoneal coat of the intestines were inflamed in all the fatal cases. A native doctor died of the disease in 12 hours' illness. He was attacked in the hospital.

The first case of smallpox which occurred at the Station was on the

20th of March, and from that date throughout April, May and June, the disease prevailed, yet not very many cases occurred.

The cases vaccinated during January, February and March, were very successful, but during the hot months the virus proves quite inert. There are two native vaccinators paid by government for this Zillah, but much prejudice exists among the people in regard to the operation. The total number vaccinated during the year was 291, of which only 92 were satisfactory.

INOCULATION WITH TUBERCULOUS MATTER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you think the following case of inoculation with tubercular matter, worthy of notice, you are at liberty to publish it.

June 30th, 1840, in making an examination, thirty hours after death, of the lungs of a subject that died of tubercular phthisis, I accidentally cut the middle finger of my left hand over the first joint; the wound was slight, not penetrating through the cutis vera.

The lungs of the subject were loaded with tubercles, in all stages of softening. After completing the examination, I cleansed the wound thoroughly, and paid no more attention to it. In about two weeks there began to be symptoms of inflammation about the seat of the injury, and there soon appeared a row of hard tubercles in the direction of the cut; in a few days suppuration took place, and I punctured them, and thick matter was discharged. In two weeks, however, another crop appeared, more numerous than the first, which I treated in the same way. In this way the disease continued to progress for two years, in spite of all the means that I was able to use, or that were suggested by other physicians, till it had extended from the nail half way to the second joint, and half way round the finger, producing a kind of fungous thickening of the skin, which I was obliged to remove occasionally with caustics.

The finger was never much painful, but very sensitive; any slight injury would produce the most acute pain for a short time. In the treatment I gave the various preparations of iodine, of different strength and modes of application, a thorough trial; but all to no purpose, except to hasten suppuration of the tubercles, if used too strong. The only treatment that appeared to have the least effect towards removing the disease, was pulv. nit. silver, applied in such quantity as to remove a pellicle without producing sufficient inflammation to cause softening of the tubercles. By removing successive peelings in this way, suppuration was prevented, and the diseased part all removed in a few months, except in a small place where the disease had extended to the cellular membrane, in a cicatrix produced by nitric acid applied to remove fungus. These pellicles, when removed, were thickly studded with tubercles, like thorns, about one line in length.

It is now six months since I have made any application to the finger, and there remains a small tumor an eighth of an inch across where the

nitric acid destroyed the skin, not in the seat of the original injury, but between the first and second joint; this is slightly tender, and occasionally has that peculiar *sick* feeling, unlike anything else I ever experienced, which the finger has always had ever since diseased.

Query.—Can tubercular matter be taken up by the absorbents, and carried into the circulation, and deposited in other parts of the system, producing tubercular disease there? LYMAN BARTON, M.D.

Willsborough, N. Y., Nov. 1st, 1843.

PROF. REESE'S "HOMŒOPATHIC CHALLENGE."

[Communicated for the Boston Medical and Surgical Journal.]

DR. REESE. *Dear Sir,*—In the Journal of October 10th, on page 225, there is published from you an extraordinary "Homœopathic Challenge." When I first read it, it was considered, as it still is, a boasting ebullition from a "good-natured" professor—and thought it not worthy of any special notice. But on more mature reflection, when considering certain pointed expressions contained therein, and the *general credulity* of people for attaching an uncommon importance to such a sweeping statement as yours, it was deemed proper to say something in exposing its fallacy. It seems unaccountable that homœopathy should demand a regular "challenge," when it is and has been so much ridiculed, and to have it emanate from a real professor of "the institutes of *rational* medicine."

Can you, Sir, rationally justify your own course? Is it commendable for a literary gentleman to take so much notice of so *trifling* a subject? or, rather, if it be so *worthless* and "*inert*" in its practical application, why pay any attention to it? Why trouble yourself in repeating it from place to place, and voluntarily subject yourself to such a "*fiery ordeal*"—if there be no *reality* about the science? You have certainly acted very inconsistently with your views of the subject. For if the practice of homœopathy be insufficient to produce any salutary effects in *curing* disease, it must, of course, *die* a natural death, without the medical aid of any one to terminate its existence. Therefore, judging from the foregoing consideration, you can readily understand, that such a challenge as yours is nothing more than a "*non compos mentis*." You need not trouble yourself about the "transcendental mysticism of homœopathy," nor mention about your "responsibility to a higher tribunal," if you can take the following-named medicines with impunity, which are mentioned in your challenge, viz.—"*prussic acid, aqua fortis, rats' bane, flint and steel, thunder and lightning, fire and brimstone!*" Such a medley of ingredients for an experiment plainly shows a want of common sense. The homœopaths do not expect to suit *Vulcan* characters, nor prepare their medicines to be proof against Salamanders. Their medicines are only calculated to subdue diseases of the *human* system on earth—notwithstanding your "*sincerity and convictions*" to the contrary of "*hu-*

man jurisprudence." The homœopathic medicines are not made to resist all the heterogeneous materials of creation!

You state, Sir, that the homœopathic physicians do not rely "on homœopathic treatment" either for themselves or their families. You give no particular facts as proof for such an assertion—but it is altogether contrary to my acquaintance with the homœopaths. So far as my present experience and observation extend, I can speak unhesitatingly in favor of homœopathy on myself, in my own family, among many of my relatives, and a large number of other patients, and I have had almost all kinds of acute and chronic diseases to manage, and have given almost universal satisfaction to my employers. My long experience of allopathy enables me to judge more correctly of the true merits of homœopathy. I consider the science of homœopathy to be *one* of the greatest and most valuable discoveries that has ever been made by the medical faculty. My own success has been fifty per cent. better than when I practised allopathically.

It is well known, Sir, generally, that any *new and valuable truth* is violently opposed—but for all this, it will wear brighter and brighter, the more there is done to demolish it. And it is well to remind you, before concluding, that homœopathy is on its onward course—its advancement is almost daily experienced—the obstacles which have often impeded its progress, are yielding to the power of its "*infinitesimal doses*." If the homœopathic system were as "*inert*," as you would have your hearers and readers believe, how can you account for its *great efficacy* in *curing*, very rapidly, many acute and chronic cases? The medicines do all this in my practice, whether you are disposed to believe it or not. What I actually learn from observation is sufficient to establish my mind, more than all the medical challenges you can reiterate, with all the combined powers of heaven and earth! Yours, with esteem and sincere respect.

Boston, Nov. 6, 1843.

ROBERT CAPEN, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 15, 1843.

Boston Lunatic Asylum.—Dr. Stedman's first report to the City Government, a neatly published document, has been recently distributed. It is well drawn up, and evinces the care of a physician, united with the feeling of responsibility of a discreet public officer. The following are the essential statistics of the past year:—

Number of patients admitted since the Hospital was opened, 259; do. resident during the past year, 157; do. admitted do., 62—males 37, females 25—married 33, single 29. There have been discharged during the past year, 38—viz., restored, 22; improved, 2; unimproved, 5; died, 9.

Dr. Stedman had been in his present station only eight months when this report was made; but he appears to have become familiar with

the real condition of the establishment, and pleads, like a philosopher of comprehensive views, for the wretched beings placed under his charge.

When a great public improvement was demanded by the people of France, during the Revolution, the way to bring it about was the popular cry, *off with their heads*. After reading the following extract, we say, *off with the sheds*.

"It is much to be regretted," says Dr. S., "that with their capacity for labor, so little opportunity is afforded the patients for employment. The average number constantly occupied in and about the Hospital buildings is not more than twelve. There are several females who are engaged in sewing, knitting, scouring, washing or ironing at different and irregular periods; but never are there more than seven or eight for whom regular employment can be provided. A few of the males perform the more laborious requirements of the house; the remainder lead comparatively a very inactive life, notwithstanding the efforts made to engage them in light occupations or amusements. In view of these circumstances, the Superintendent has considered numerous plans for occupying and amusing the minds of the patients in addition to those now adopted. And among other modes of accomplishing the object in view, he would beg leave to suggest to the City Council the practicability of removing the barns and out-houses belonging to the House of Industry, which now stand in front of the Lunatic Hospital, and of extending the limits of the land on which the Hospital is situated beyond the site of those buildings. He is aware of the expense involved in such a step; but at the same time is convinced of the necessity of the measure, arising from the need of a proper amount of labor and exercise, in which the patients cannot be engaged while in the contracted space they now occupy. It is unnecessary at this late day, when the general principles of the treatment of insanity are so well known, to enter upon an argument to prove the absolute necessity of occupation of some kind as a remedial means to be resorted to for the mitigation of this direst of human diseases. It is only necessary to show how small is the space enclosed for the use of this Hospital, to convince any one of the need we are in for more land, in the cultivation of which our male inmates may find active employment, and in the circuit of which the female patients may have better opportunities for exercise and enjoyment in the fresh air.

"The enclosure comprises five acres. The Hospital, with all the out-buildings, yards, paths and wharf, occupies three fifths of this space; so that only two fifths remain for cultivation—a much less quantity of land than is to be found attached to any insane institution in this country."

Lastly, we add the former and present dietary of the patients, for the use of those who are solicitous to collect information of the kind.

FORMER DIETARY.—*For breakfast, daily.*—Coffee or chocolate, sweetened with molasses, and bread.

For Supper, daily.—Tea or chocolate, sweetened with molasses, and bread. Cheese on Sunday at supper. Gingerbread on Monday at supper.

For Dinner.—Sunday, rice and molasses; Monday, beans and pork; Tuesday, Thursday, Saturday, beef soup, with vegetables; Wednesday, roast beef and vegetables; Friday, salt fish and potatoes.

PRESENT DIETARY.—*For breakfast, daily.*—Coffee, chocolate, or shells, and bread.

For Supper, daily.—Tea, sweetened with sugar, chocolate or shells,

and bread. Cheese at supper twice a week. Gingerbread, or other plain cake, twice a week.

For Dinner.—Sunday, cold corned beef, with potatoes; Monday, pork and beans, rice pudding; Tuesday, fresh fish and vegetables; Wednesday, roast beef, mutton, lamb or veal, and vegetables; Thursday, beef soup, rice pudding; Friday, salt fish, with vegetables; Saturday, same as on Wednesday. The native fruits in their season.

Insane Asylum in Vermont.—Within a few days, the seventh annual report of the Trustees to the Legislature, together with Dr. Rockwell's, in a pamphlet form, has been received. The latter was received and acknowledged by us some weeks ago. Of the medical superintendent's qualifications, and his fidelity to the best interests of the unfortunate beings placed under his care, no one presumes to doubt. There is some interest in knowing the annual expense of the public charities, and in reference to that point it may not be amiss to state that the whole expense of maintaining this State establishment, for the last financial year, was only \$1350 15—and the income during the same period, was \$448 46 more than the outgo. It is therefore a self-sustaining charity, and creditable to the inhabitants of Vermont.

Dental Ingenuity.—By turning to some of the back volumes of this Journal, an account may be found of the case of Jeremiah Driscoll, of Warren, R. I., who was injured, in the South Pacific Ocean, by a whale, Nov. 7th, 1836. It is only necessary to repeat the fact, that the end of an oar was driven into his mouth in such a manner as to knock off the whole anterior part of the alveolar arch, of the upper jaw, teeth and all; the roof of the mouth was broken through, and the nasal cavity freely admitted the tongue into it—the bones having subsequently come away. This is only a general outline of a terrible wound, from which Mr. Driscoll finally recovered, but greatly disfigured and wholly unable to masticate food. By the skill of a Boston dentist, Dr. Harwood, now residing at Machias, Me., the deformity was measurably overcome, and the ability to subsist on solid aliment restored to him by a complete set of teeth.

Four years, however, have considerably modified the shape of the mutilated jaw, so that there was considerable difficulty in maintaining the palate plate in its proper position. Consequently, articulation as well as manducation was beginning to be an exceedingly troublesome process, to say nothing of the distortion of features that must necessarily ensue from any imperfection in the mechanism of such an extensive artificial surface as he had been wearing. Under these circumstances, he has again recently visited Boston for assistance. Dr. Joshua Tucker, whose ingenuity has often been put in requisition in cases equally perplexing, succeeded in admirably fitting a new palatine and-alveolar arch, bearing a highly finished set of molar and incisor teeth, which have as perfectly restored Mr. Driscoll as it is possible for art to do. No one would suspect, without a minute examination, that so much of the man was artificial.

These triumphs of art, of such immense importance to those who have been unfortunately maimed, should be extensively circulated by the press, that all sufferers may avail themselves of the advantages accruing from the modern discoveries and improvements in mechanical dentistry.

The late Fever at Rondout.—In the third No. of the New York Journal of Medicine, Dr. Forry, its indefatigable editor, has furnished an elaborate paper, entitled "an account of a malignant fever which prevailed at Rondout, Ulster County, N. Y., in the months of August and September, 1843, with an inquiry into its nature, and into the question of its importation by the schooner Vanda; based upon an investigation of the disease at Rondout," &c. Some idea may be formed of the labor bestowed upon the investigation, when the simple fact is mentioned that it occupies fifty-four pages. In conclusion, Dr. Forry says that the disease was *indigenous* and *non-contagious*; "and viewing its whole character, as evinced both by its history in connection with the philosophy of epidemics, and by its own peculiar symptoms, the opinion would seem to be clearly warranted, that it is a malignant remittent fever, with a strong tendency to assume the typhoid type."

Miraculous Medicine.—A pamphlet has appeared—the work of the Avignon Jesuits—with this taking title, "*Notre Dame de Remedy*," which conquers paralysis, dropsy, cancer, and other diseases of uncertain seat, together with blindness, dislocations, &c. They are all easily mastered by orisons, fastings, church discipline and vows, but particularly by the application of relics! This is no more ridiculous than the *clairvoyant* exhibitions of females in Boston, who, for a fee of about three dollars, pretend to inspect the interior of the body, and describe the diseased appearances within! What is still more marvellous, is the fact, that in this city of intelligence, both men and women abound who have confidence in these explorations, and pay as cheerfully for being thus imposed upon as they would for bread when famishing.

Herculean Treatment of Dysentery.—We make the following extract from a private communication, dated October 3d, from Dr. P. Fahnestock, of Pittsburgh, Pa.

There has recently prevailed in this vicinity, about two miles from the city, an endemic dysentery, characterized by considerable febrile action, with frequent mucous or bloody evacuations, and violent tormina and tenesmus. It attacked both sexes and all ages indiscriminately, and among them I attended from sixty to eighty cases. As my treatment was peculiar, and its success confirmed its propriety (but three cases having proved fatal), I will state how I managed them.

In the case of an adult patient of either sex, having ten or twelve stools per hour, consisting of blood and mucus alone, accompanied with great tormina and tenesmus, I usually gave from six to fifteen grains of pulverized opium, with from twenty to thirty grains of calomel; but if the pulse was full and frequent, this treatment was premised by general bloodletting and the application of leeches to the anus. In six or eight hours after the administration of the medicine, I prescribed the following:—R. Ol. ricini, ʒ iss.; spir. terebin., ʒ ss.

These were my maximum doses; and after the operation of the oils, I gave calomel and Dover's powder in small doses, with gum water as a drink, and rice and arrow root as diet. It was seldom found necessary to repeat the calomel and opium. To children six or eight years old, I gave

as much as four or five grains of opium, without producing more than a few hours' sleep.—*New York Journal of Medicine.*

Officers of the Cortland (N. Y.) Medical and Surgical Association.—A. B. Shipman, *President*. Lewis Riggs, Lewis H. Kelly, *Vice Presidents*. Ashbel Patterson, *Recording Secretary*. H. O. Jewett, *Corresponding Secretary*. H. Van Duzen, Wm. J. Willson, A. Cooke, J. A. Shipman, Joel R. Carpenter, ——— Chapman, Wm. H. Knapp, *Curator*.

Medical Miscellany.—Dr. Ray, Medical Superintendent of the Maine Insane Hospital, delivered a lecture at Bangor, the other day, on the *mad characters* of Shakspeare.—A little girl, nine years old, in Camelford, Eng., died of hydrophobia nine weeks after being bitten by a dog, not known to be rabid.—In St. Peter's Hospital, chargeable to the city of Bristol, Eng., is a female pauper who has been maintained at the city's expense since 1780. Another, now 93 years of age, is in the Asylum at Stapleton, and danced a jig for the amusement of her companions when Prince Albert recently visited Bristol.—There has been considerable sickness during the present autumn, in Leonardstown, Md. The prevalent disease has been a bilious congestive fever.—Upwards of forty students were matriculated at the medical school at Cincinnati so early in the term, that it is presumed the class will yet be considerably increased.—Mrs. Jones, the wife of a forgerman, in Cosely, Eng., whose wages are only 9s. a week, was safely delivered of three boys and one girl, a short time ago.—Dr. Wm. Foss, of Wayne, Me., has been acquitted of the alleged murder of Ann Elder, of Gray.—Ninety medical students were matriculated on the day on which the annual course of lectures commenced at the Medical College in this city.—A pair of twin boys were born in Boston, last week, in the practice of Dr. Wm. E. Cole, which were furnished with an extra little finger on each hand.—Sir Astley Cooper left a fortune of half a million sterling; Dupuytren, over three millions of francs; and Baron Grafe, the great surgeon of Berlin, about three millions of dollars.

To CORRESPONDENTS.—Dr. Cook's Case of Placental Presentation, and No. 2 of Phreno-Magnetism, are on hand for publication.

MARRIED.—Theodore F. Cornwell, M.D., of New York, to Miss Maria Lay.—In Truxton, Frederick S. Hoyt, M.D., of Athens, Pa., to Miss Julia Bassett.—Dr. James Holland, of Westfield, Mass., to Miss Anne G. R. Wheeler.

DIED.—At Rodney, Miss., of yellow fever, Dr. John H. Savage, formerly of Salem, Mass.

Number of deaths in Boston, for the week ending Nov. 11, 42.—Males, 21—Females, 21. Stillborn, 1. Of consumption, 3—inflammation of the bowels, 1—scarlet fever, 5—typhus fever, 8—measles, 1—inflammation on the brain, 1—lung fever, 4—infantile, 2—hooping cough, 3—abscess, 1—smallpox, 1—rheumatic fever, 1—old age, 1—fits, 3—croup, 1—dropsy in the head, 1—liver complaint, 1—intemperance, 1—paralysis, 1—cancer, 1—rupture of bloodvessel, 1.

Under 5 years, 19—between 5 and 20 years, 5—between 20 and 60 years, 15—over 60 years, 3.

Diet used at the Table d'Hote of Priessnitz.—Dr. Edward Johnson, in his book on hydropathy, gives the following account of the food administered to his patients by the peasant apostle of the water cure. Would it not tempt any reasonable being to throw physic to the dogs, and perform a pilgrimage to the shrine of Priessnitz? "With regard to the diet used at Gräfenberg, I cannot help offering one or two remarks. The principal animal food there placed upon the table is boiled beef (done to rags) and the veal of calves not more than a day or two old. Hares, coarse, dry and tough, being first boiled and then baked. Baked pork, baked goose, and baked duck, with baked sausages, help to vary the repast. Add to this old mutton, foetal calf, and cow beef, stewed in vinegar, succeeded by rancid ham served with mashed gray peas. While I am writing, I am overlooked by a gentleman who declares that this statement will not be believed in England. I think that is extremely probable. It is nevertheless perfectly true. Cucumbers, cured in nothing but salt and water, which the Germans eat with avidity, saur kraut, hard dumplings, pancakes with cheese-curd rolls up in them, puddings made with poppy seeds—these also are the standard and daily delicacies of the Gräfenberg table. Add to all this that the only bread on the table is a composition of barley and rye; add, moreover, that the veal, hare, &c. is constantly either mouldy or putrescent, and that the bread is invariably perfectly sour, and the reader will readily acknowledge that here is an assemblage of savors, flavors and odors, exceedingly well calculated to give him an indigestion, who had never one before. The food is so insufferably bad, that a party of gentlemen, only the other day, after having stood it as long as they possibly could, were literally compelled to spit it out of their mouths, and retire in order to buy and cook, as well as they could themselves, sufficient food for their dinner; and they have quitted Gräfenberg (that is, the Gräfenberg table) in order to purchase food for themselves in the town of Friewaldau. It is lamentable that so important a matter as diet should be so utterly scorned by Priessnitz as it is; and it cannot be doubted that this wretched diet keeps the patients much longer under treatment than would otherwise be required, and that in many instances it obstructs the cure altogether. But the numerous and important cures which he is constantly affecting, notwithstanding all this, makes him reckless of diet; and bad food is cheaper than good. He does not see, however, that if he gave his patients wholesome food he would cure them in half the time, and thus, by a more rapid succession of guests, he would acquire the same amount of emolument, and add greatly to the character of the *wasser kur*. But he has more patients than he can possibly attend to, and more money than he knows what to do with. Success has made him careless."

Singular Madness of a Naval Captain.—Her Majesty's Brig the Lynx, mounting three large guns, was lately lying off the town of Cove, when her Commander, Capt. Burslem, gave the order to clear the decks for action. This was immediately done, the guns were primed and loaded, and in a few minutes after, Capt Burslem ordered the guns to be fired upon the town. The officers next in command now consulted together, persuaded the captain to go below, secured him, and reported the affair to the Admiral of the squadron. Captain Burslem was immediately removed, and the town of Cove escaped demolition by the hands of a madman.—*Eng. pa.*